

# Virginia Department of Veteran Services Town Hall Meetings

## Roanoke Summary

The Virginia Department of Veterans Services (DVS) conducted town hall meetings in response to Governor Kaine's Executive Order 19. This executive order directs DVS and other state agencies to improve services to the state's veterans, especially disabled veterans.

DVS identified four primary areas of focus:

1. Outreach and communication with Virginia's veterans: How can we reach veterans and what information do they need and want?
2. Quality of life for all veterans: What are the needs of veterans, especially in terms of health care, services from state government agencies, and outreach to veterans who are homeless, incarcerated, or hospitalized?
3. Workforce development: How can we ensure that employment opportunities are available to veterans and how can we ensure that the private sector has access to the veteran labor pool. What can we do to assist veteran-owned businesses?
4. Technology: How can we use technology to communicate with and deliver services to veterans?

This report summarizes the comments provided by participants attending the session held at the Virginia Veterans Care Center on March 8, 2007 in Roanoke, Virginia. Approximately 31 people attended the meeting including representatives from state agencies, veterans' service organizations, retired and active servicemen and women and spouses of veterans.

The session gathered information concerning:

1. What currently works well in delivering state government services to veterans and what are the best practices in place?
2. What are the critical barriers to serving veterans and what are the most important issues facing veterans?
3. Recommendations for future action to improve state government services to veterans.

The meeting was facilitated by faculty from Virginia Commonwealth University's Office of Public Policy Training.

### **What is Currently Working Well to meet Veteran's Needs**

1. Education benefits for dependents
2. Services are available close by in this area – Social Security Administration and Veterans Administration (VA) medical facilities
3. VA records were intact after Katrina
4. Improved security of veteran records and rapid notification when a record is compromised
5. Many DVS service officers are former VA employees which contributes to their experience and knowledge regarding claims and procedures
6. DVS strengthens veteran advocacy with VA facilities and administrators
7. DVS is growing and is now under the Secretary of Public Safety – improving
8. Virginia Veterans Care Center provides quality service
9. Cooperation among agencies help link services to individual needs

### **Critical Barriers to be Addressed**

1. Many VA doctors speak English as a second language and they are difficult to understand
2. No emergency services available in remote areas to transport patients to VA facilities
3. Totally dependent on VA health care – uninsurable
4. Seeing interns and nurse practitioners and only rarely, a doctor
5. Veterans not getting information on benefits and entitlements
6. Dialysis equipment unreliable and breaks down, contributing to long patient waits
7. Many elderly veterans had family for support but younger veterans are more technologically dependent for information – link networks – how to problem solve
8. Some veterans feel that concerns are not being heard and addressed
9. The VA is not setting the standard for veteran care
10. VA deferring emergency services to other facilities due to lack of staff or space – sometimes hard to navigate reimbursement procedures
11. Time required to transfer from the VA facility to another facility
12. Not enough veterans' cemeteries
13. Services for veterans are sometimes duplicated – need central databank to track what's been done
14. Public transportation is very limited and limits access to services
15. Virginia is one of the top five states in the number of resident veterans but ranks in the bottom ten in state benefits provided
16. VA not accepting ambulance arrivals (lack of staff), some accepted
17. Medical records are required to be updated annually – long wait to be seen due to understaffing
18. More needs to be done to protect electronic records and protect veterans against identity theft

## **Recommendations for Action**

1. VA should expand inpatient and outpatient long-term care for all ages
2. Take 200-300 year view of veteran cemetery needs
3. Have the VA file Medicare and Medicaid claims
4. Extended physical and occupational therapy for ongoing care – link with local therapy facilities
5. Provide more assistance and counseling for family members – let them know what to expect and do when the veteran returns to the family
6. Make veterans aware of actions being taken to protect records – provide clear notification and ways to get records status
7. Create additional veteran care centers
8. Complete a report on what is being done and what is needed
9. Mobilize veterans to vote and talk with local elected officials
10. Provide a family assistance coordinator at National Guard armories to serve as a source of information and referrals
11. Find ways to increase volunteer hours at VA veteran care centers – register with VA to keep track of volunteer hours and leverage funding
12. Don't ignore cemeteries
13. Get the word out through PSAs, T.V., radio to veterans about benefits – use state and federal tax information to identify veterans and send them a newsletter
14. Improve state benefits such as free licenses and reduced taxes
15. Establish system of referral tracking from VA to other facilities
16. Provide more doctors to provide direct patient contact
17. Pharmacy calls should be referred to 911
18. Educate funeral homes on veteran burial benefits to help family members file claims, etc.
19. DVS should publicize veteran's organizations to let veterans know what is available
20. Must locate funding to make these ideas happen – continue efforts to inform legislators – work with the Virginia Joint Leadership Council
21. Governors should work together to help resolve VA issues jointly